<u>Division of Licensing and Protection</u>

HC 2 South, 280 State Drive Waterbury VT 05671-2060 http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

March 24, 2020

Kristin Barnum, Director Bayada Home Health Care 600 Blair Park Road, Suite 300 Williston, VT 05495-7589

Dear Ms. Barnum:

The Division of Licensing and Protection completed a State complaint investigation at your facility on **March 4, 2020**. The purpose of the investigation was to determine if your agency was in compliance with Regulations for the Designation and Operation of Home Health Agencies. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

Suzanne Leavitt, RN, MS Assistant Division Director

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State Survey Agency Director

PRINTED: 03/24/2020 FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_\_\_ С B. WING 477019 03/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 600 BLAIR PARK ROAD, SUITE 300 **BAYADA HOME HEALTH CARE** WILLISTON, VT 05495 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) H 001 Initial Comments H 001 An unannounced State onsite investigation of a complaint was conducted by the Divsion of Licensing & Protection on March 4, 2020. There were no findings identified as a result of the investigation.

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATE FORM 6899 If continuation sheet 1 of 1 L8LT11